



Public submission made to the Review to Achieve Educational Excellence in Australian Schools

Submitter: Dyslexia SA
Submitting as a: Parent or community organisation
State: SA

Summary

Earliest Screening and Intervention

Screening of phonological awareness by teachers to identify 'at risk' students in their first term. Tier 1 (Prevention) Quality, multi-sensory, explicit classroom instruction at all levels. Tier 2 (Targeted intervention with a trained literacy teacher) Excellent, multi-sensory explicit small group instruction.

Severe Dyslexia - Tier 3 – Intensive Intervention

A percentage of children who have received early intervention and high quality classroom programs will experience persistent and severe difficulties with the literacy demands of the regular classroom. This increases the risk of non-completion. Principles of Tier 3 specialist teaching include an integrated program of phonology, syllable instruction, morphology, syntax & semantics; direct instruction; structured and sequential learning; multi-sensory activities and meta-cognitive strategies.

Dyslexia Aware Schools – (Neil MacKay's Model)

Focusing on changing attitudes and perceptions to improve literacy outcomes for all. Presenting Dyslexia as a preferred way of learning rather than a disability. Schools meeting the criteria awarded the DAS Quality Mark.

Mandatory Pre-service teacher training and ongoing professional development

Knowledge of learning disabilities varies greatly across Australia. Many teachers complete their pre-service training with little or no understanding of learning disabilities, their symptoms, and effective strategies to assist students (Louden et al, 2000). Pre-service and practising teachers must receive compulsory training in evidence based reading instruction, on how to teach reading to students of any age.

The effects of Dyslexia on Mental Health

Melbourne Declaration of Educational Goals 2008 – 1. Australian schooling promotes equity and excellence. 2. All young Australians become successful learners, confident

and creative individuals and active and informed citizens. Literacy under-achievement has high hidden social and economic costs. The connection between under-achievement in literacy (especially in reading), poor behaviour, reduced health and well-being and crime is a major community health issue (DeWalt et al, 2004). Governments need to recognise Dyslexia and provide funding accordingly.

Main submission

Evidence for the literacy component of this document has come from The Australian Government National Inquiry into the Teaching of Reading, December 2005. It is referred to as AGNIITTOR 2005. The Committee is the Committee of The Australian Government National Inquiry into the Teaching of Reading.

The Australian Government's response to recommendations of the Dyslexia Working Party Report 'Helping people with dyslexia: a national action agenda' (2012) agree in principle that the following definition of dyslexia is acceptable. This is the definition of dyslexia used in this submission.

Recommendation 1. Definition of dyslexia

There should be adoption at a national level of a working definition of dyslexia to allow shared language for productive discourse on the issue in Australia. Our proposed working definition, consistent with the definitions published by the British Dyslexia Association, the International Dyslexia Association / National Institute of Child Health and Development, the International Reading Association, and the Rose Report on Dyslexia, is:

Dyslexia is a language-based learning disability of neurological origin. It primarily affects the skills involved in accurate and fluent word reading and spelling. It is frequently associated with difficulties in phonological processing. It occurs across the range of intellectual abilities with no distinct cut-off points. It is viewed as a lifelong disability that often does not respond as expected to best-practice evidence-based classroom methods for teaching reading.

As an advocacy and support group for children and families, Dyslexia SA would like to thank you for the opportunity to put forward proposals for improvements to the current education system. However, we are appalled that there is yet another inquiry into this situation. Government inquiries keep happening, Working Parties are established and yet not action is taken from their findings. In fact, the situation for children with disabilities is getting worse, particularly for those with Dyslexia. Our voluntary group is working tirelessly to assist students and families as the current education is failing to assist students with Dyslexia.

In 2005 Percentages of Australian students not achieving the minimum National Benchmarks for Reading were: ~8 per cent (Year 3), ~11 per cent (Year 5 and Year 7) (MCEETYA, 2005). By any criterion, these outcomes are unacceptable in terms of the

educational, psychosocial wellbeing and life chances of these Australians, as well as the economic and social future of the nation (AGNIITTOR 2005).

Dyslexia SA has analysed schools in our area (Government and Private Schools combined) and figures have deteriorated significantly since 2005. Figures that were then unacceptable to the inquiry:

- 1 in 3 students do not meet the national benchmarks for literacy 33%. In some schools the figures are worse, 50%. If reading is viewed individually, as high as 85% of students cannot read at an age appropriate level in some schools.
- In the area of Mathematics 2 in 3 students do not meet the benchmark for Mathematics.
- 61% of students in some areas are not completing their SACE
- Attendance rates across all year levels are alarming.

This submission will focus on the recommended, evidence-based practice for Literacy.

What students learn and how they learn

To help ensure students have the skills they need for future employment, further training or higher education we must first ensure they have the most basic and fundamental skill required for success; the ability to read and write.

Over the years, there have been various Australian and International inquiries into what is best practice in the teaching of Literacy. Systematic, synthetic phonics has been the overwhelming recommendation in all these inquiries. What is most concerning is that the education system has not taken these recommendations on-board. Whole language is still firmly entrenched in teaching pedagogy even though it has been repeatedly proven as ineffective.

- Effects were larger when phonics instruction began early (ES = 0.55) than after first grade (ES = 0.27), benefiting decoding skills, word reading, text comprehension and spelling in many readers (AGNIITTOR 2005)
- Phonics instruction helped a wide spectrum of children: those from low and middle socio-economic backgrounds; children for whom English was a second language; younger children at risk of experiencing reading difficulties; and older children experiencing reading difficulties (AGNIITTOR 2005)
- Synthetic phonics and larger-unit systematic phonics programs produced a similar advantage in children's reading achievement (AGNIITTOR 2005)
- In summary, systematic phonics instruction helped children learn to read significantly better than all forms of control group instruction, including whole-language (AGNIITTOR 2005). Since systematic phonics instruction proved to be

universally effective, it should be implemented as part of literacy programs to teach beginning reading, as well as to prevent and remediate reading difficulties (AGNIITTOR 2005)

Research in neuroscience has revealed that the brain functions differently in people with dyslexia. fMRI scans have clearly shown that children with literacy difficulties, like dyslexia, require explicit instruction in phonological and phonemic awareness (Shaywitz & Shaywitz, 2008).

This means the ever-increasing number of inquiries into education and neuroscience agree; the most effective evidence-based practice is systematic phonics instruction. The education profession is ignoring the scientific evidence. In any other profession, this would be malpractice.

There is clear need centred on children's development and learning outcomes. The evidence exists and is damning that there are direct links between low literacy levels, mental health and juvenile and adult incarceration. (e.g., McNee, 2004; Mayhew, 2003).

The Committee received evidence indicating that the overlap between under-achievement in literacy (especially in reading) and poor behaviour, health and wellbeing, is a major issue to the extent that what should be an 'education issue' has become a major health issue (e.g., DeWatt et al., 2004) (AGNIITTOR 2005).

We are facing not only an education crisis but also a health crisis unless there are immediate changes to the way Literacy is being taught in classrooms.

- Health professionals draw attention to the overlap that is often evident between students' under-achievement in literacy (especially in reading) and their poor behavioural health and wellbeing. Dealing with reading problems early, as outlined in this report (Australian Government National Inquiry into Reading) (AGNIITTOR 2005), should assist in the alleviation of this seemingly intractable problem. The Committee recommends that programs, guides and workshops be provided for parents and carers to support their children's literacy development. These should acknowledge and build on the language and literacy that children learn in their homes and communities (AGNIITTOR 2005)

Teachers and school leadership

Current university degrees do not inform teachers on how to 'teach reading' using evidence-based approaches. Teachers are entering the school system lacking the skills required to effectively teach this basic, fundamental skill.

Teachers are seeing the results of poor literacy in schools. This is compounded by the behaviour difficulties they are faced with every day. Households with poor language and literacy levels have poor self-control. Teachers and Principals encounter

difficulties daily with students and parents. Teachers are frustrated by the lack of support they receive in training and development and the lack of direct support of specialist services for students.

Teachers must be trained in screening for Phonological Awareness in Preschool and the indicators of Dyslexia, ie phonemic awareness, grapheme/phoneme correspondence, auditory sequential memory and visual sequential memory

- It is vital that educational ‘fences’ be built at the top of the ‘cliff’ in preference to the provision of belated and costly ‘ambulance services’ at the bottom. A necessary strategy in constructing such ‘fences’ requires building capacity in teacher expertise and professionalism. Given these contexts, an outline of contemporary understandings of effective teaching practice is helpful (AGNIITTOR 2005)
- The Committee recommends that all schools identify a highly trained specialist literacy teacher with specialised skills in teaching reading, to be responsible for linking the whole-school literacy planning process with classroom teaching and learning, and supporting school staff in developing, implementing and monitoring progress against individual literacy plans, particularly for those children experiencing reading and literacy difficulties (AGNIITTOR 2005)
- The Committee recommends that all education authorities and school leaders examine their approaches to the teaching of literacy and put in place an explicit, whole-school literacy planning, monitoring and reviewing process in collaboration with school communities and parents (AGNIITTOR 2005)

The incidence of Dyslexia is 10-20% (BDA and Shaywitz). The current number of students identified in DECD schools does not match this. Currently many students with dyslexia are not receiving intervention, as they are not deemed as ‘funded’ students. Schools are waiting for a diagnosis before putting support structures in place.

Schools need to be working using the Response to Intervention Model (RTI). Training in theory and differentiation (Wave 1) and implementing targeted evidence based intervention programs (Wave 2 and 3) for Dyslexia (and Specific Learning Difficulties in general) should form part of a rolling program of workforce training, including for Secondary-stage teachers. Training should be conducted by specialised trainers who have experience in working with students with Dyslexia in schools.

The model should be defined so all staff recognise ‘Intervention’ as classroom (Wave/Tier 1) as well as withdrawal work (Wave/Tier 2 & 3).

- Effective Tier 1 (classroom teaching) requires systematic phonics instruction. This is critical if children are to be taught to read well, whether or not they experience reading difficulties (AGNIITTOR 2005)

The focus of professionals thus needs to be on intervention, whether a diagnosis is present or not. Torgesen (2002) supports this view and concludes that, 'intensive preventative instruction can bring the average word-reading skills of children at risk for reading disabilities solidly into the average range.' (Torgesen 2002) This is Tier/Wave 1 intervention.

Tier/Wave 2 evidence-based instruction / intervention that targets phonological processing difficulties, phonemic & phonological awareness and incorporates systematic and explicit instruction in (synthetic) phonics is essential.

Parent and community engagement

The various Facebook support group pages contain countless stories of families and students not receiving adequate instruction or support from the school system. We are providing you with the names of the pages rather than individual stories

- Dyslexia Support Australia
- Dyslexia Qld-Gold Coast
- Dyslexia NSW Support Group
- Dyslexia Support South Australia
- Western Australia and Perth Dyslexia Support Group
- Square Pegs Tasmania Dyslexia Support & Advocacy
- Outside the Square
- Defy Dyslexia Australia

Defining and measuring success in education

Research suggests that Dyslexia is a language-based disorder and many individuals with Dyslexia (approximately 50%) have concomitant language difficulties in addition to phonological processing difficulties.

The assessment process should include an evaluation of reading comprehension skills within the context of listening comprehension and decoding skills if the student is suspected of having reading comprehension difficulties to differentiate students with Dyslexia, students who are poor comprehenders and students with 'mixed' reading difficulties (Hulme & Snowling, 2011; Snowling & Hulme, 2011a).

Assessment tools should entail:

- Non-word/pseudo word decoding tests are a good indicator of students 'at risk of Dyslexia'.

- In addition to measures of reading accuracy, comprehension and rate as well as phonological processing skills, assessment should include measures of:
 - non-word (pseudo words) reading ability
 - grapheme naming skills
 - vocabulary skills
 - blending, segmenting and deletion skills
 - expressive and receptive language skills, if difficulties with language are suspected.

Running Records are a mandatory test for all students in schools. They do not inform about core reading skills such as grapheme/phoneme correspondence. There are much better options for assessment, like non-word decoding tests and yet Government Departments like the Education Department in SA still demand Running Records are used.

Running Records do not allow for the identification of Dyslexia particularly for those that have the double exceptionality of Dyslexia and Giftedness.

Running Records do not identify difficulties in phonological awareness skills, writing skills, letter-sound correspondence, auditory sequential memory, visual sequential memory, sound blending and sound segmenting. These are critical components of a pre-assessment for Dyslexia and markers for successful early literacy acquisition.

Running records do not show gaps in literacy skills.

Working Party Assessment of Dyslexia Recommendation 11 – Dyslexia Assessment

- Access to early, systematic, dyslexia assessment should be available to all students identified by teachers as being at risk of dyslexia
- Initial screening and assessment of such at-risk children to be undertaken within the school environment by a specialist teacher, followed by in-depth assessment of reading and spelling by an appropriately-trained psychologist, speech pathologist or other person with relevant qualifications
- Professional development programs need to be developed for all practising school psychologists to assist them in the assessment and appropriate support of students with dyslexia
- Many students that are referred for Dyslexia are not seen unless they are at least three years behind. This is a wait to fail model and must be changed immediately. This is in breach of the Disability Discrimination Act

Identifying, sharing and driving good practice and continuous improvement

Dyslexia SA has a Dyslexia Aware Schools Model, which has been formulated by Dyslexia SA and International Dyslexia Specialist Neil MacKay. [Neil MacKay instigated the British Dyslexia Association model]. The model has been adapted to suit South Australian schools including DECD schools. One DECD school already has been awarded the DAS accreditation. This model involves schools ensuring all staff undertake best practice training in teaching and supporting students with dyslexia. Professional Learning is to be ongoing for schools to maintain their accreditation.

Working party - Recommendation 9 – Dyslexia-Friendly Schools

- A national program should be established for the development and accreditation of ‘dyslexia-friendly’ schools involving specific inclusion (at all levels of policy and practice) of the needs of students who have dyslexia. (The British Dyslexia Association has a detailed model of such ‘dyslexia friendly’ schools)
- A funding scheme should be established to which schools could apply with a specific plan for making the school dyslexia-friendly. Schools already accredited as dyslexia-friendly could also apply to this scheme for funding to become consultants and PD providers to other schools and to become providers of assistance to dyslexic children in other schools.
- Clear guidance should be provided to schools on what appropriate provisions have become available for people with dyslexia.